FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

	1996	DIVISION OF	CORPORATIONS		
DOCU 1. Corporation	MENT # 85579	99 (3)			
BALL	ARD AVIATION, INC. OF G	EORGIA			
Principa! Place	e of Business	Mailing Address			<u> </u>
•	EXCHANGE, STE. 320	1775 THE EXCHANGE.	QTE 990		
ATLANTA C		ATLANTA GA 30339	31E. 320		
				3. Date Incorporated or Qualified	3a. Date of Last Report
				03/14/1983	03/16/1995
2. Principal Pl	lace of Business	2a. Mailing Address 26		4. FEI Number 58-1413356	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24	25	29	30	Florida Statutes Yes	
	Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
0000	**************************************	250 810	81 Name		
	Dration information servic Nayes street	CES, INC.	82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	HASSEE FL 32301		83		
INCO	MOOFF IF STORY				- last 7 0 t
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	s, the above-named corporation's boar	ation submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered office
familiar wi	ith, and accept the obligations of, Sec	ction 607.0505, Florida Statutes.	a by the corporation a boar	a or oreotors. Thereby accept the appl	antinent as registered agent. Fam
SIGNATURE	Signature typed or printed name of registered ager	nt and title if applicable (NOT	E Registered Agent signature required	d when reinstatino)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	BALLARD, WILEY P., JR.		1.2 NAME		
STREET ADDRESS	2576 HOWELL MILL RD.NW		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ATLANTA GA S	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	BUCHOLZ, VICKI	A Dettile	2 2 NAME		C Change C Mondon
STREET ADDRESS	341 LEES LAKE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE GA		2 4 CITY - ST - ZIP		,
TITLE	V	☐ DELETE	3 1 TITLE		Change Addition
NAME	BALLARD, ANNE		3.2 NAME		
STREET ADDRESS	2576 HOWELL MILL RD		3.3 STREET ADDRESS		
CITY-ST-7IP	ATLANTA GA	(DELETE	3.4 C(TY - ST - ZIP 4. 1 T(T) E		☐ Change ☐ Addition
11TLE NAME			4. 1 IIILE 4.2 NAME		□ Onlange □ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CiTY-ST-ZiP		
THILE		☐ DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 City-St-ZiP		Change C Addition
TITLE NAME			6 1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	by certify that the information supplied	with this filing is voluntarily furni		or the exemption stated in Section 119.	07(3)(k) Florida Statutes I further

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver or trustee of projects to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 17 & Block 13 if changed, or on an attackment with an address.

SIGNATURE

770 - 952-/66/

CR2E034 (12/95)